FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54498** **(8)**

1. Corporate Name
LATIN TOUCH INC.

Principal Place of Business
736 W. BRANDON BLVD.
BRANDON FL 33511

Mailing Address
736 W. BRANDON BLVD.
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. # or other 22
Suite, Apt. # or other 27

City & State 23
City & State 28

Zip 24
County 25
Zip 29
County 30

4. FEI Number: **59-3064990** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ALDO
736 WEST BRANDON BLVD.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ALDO	12 NAME	
STREET ADDRESS	3419 STERNS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, SAIDA S.	22 NAME	
STREET ADDRESS	3419 STERNS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I, the Undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above or on an attachment with an address.

SIGNATURE: Aldo R. Rodriguez 4/30/95 (813) 681-7995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone Number

0264356 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54576** **(1)**

1. Corporate Name

THERAPEUTIC TOUCH, INC.

Principal Place of Business

4141 MALLARD DR
SAFETY HARBOR FL 34695

Mailing Address

4141 MALLARD DR
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1991**

3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-3068739** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangibles under S. 199.07 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, CATHERINE J.
4141 MALLARD DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (If changing Registered Agent, New Registered Agent must sign here.) (If changing Registered Agent, Former Registered Agent must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	SMITH, CATHERINE J.	02 NAME	
03 STREET ADDRESS	4141 MALLARD DR	03 STREET ADDRESS	
04 CITY, ST, ZIP	SAFETY HARBOR FL	04 CITY, ST, ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY, ST, ZIP		08 CITY, ST, ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE: Catherine J. Smith — CATHERINE J SMITH — 5/13 — MAY 12 95 — 191-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346824 CP